After carefully reviewing and completing this form, please return it to:

Washington State Attorney General's Office Attorney and Law Clerk Recruitment 900 Fourth Avenue, Suite 2000 Seattle, WA 98164

Name:	
	(Please print)
	urposes of the following questions, "participate" means to participate personally and substantially. If you have any ns about whether the participation meets this standard, please include the information on the questionnaire and note that the participation may not meet this standard.
	CONFLICTS SCREENING QUESTIONNAIRE
attorne identif	ttorney General's Office is committed to compliance with the Rules of Professional Conduct for eys. To assure compliance, the AGO requires that all new attorneys and staff provide information ying potential conflicts that might preclude assignment to a particular division or require ing from a particular matter. To assist us in meeting our obligation, please provide the following ation:
1.	Are you now or have you previously been engaged in the practice of law, or employed by an attorney, firm, or government law office engaged in the practice of law?
2.	If the answer to question 1 is yes, did you participate in the representation of any party in a matter where the party's interest was materially adverse to that of the State of Washington, its agencies, or its officers or employees?
3.	Are you now or have you previously participated as a judge, arbitrator, mediator, adjudicative

officer, or as a law clerk to such a person, in a matter in which the State or any of its agencies,

officers, or employees were a party?

4.	4. Is there any other matter, person or entity that might reasonably present a corlimit your ability to perform work for the Attorney General's Office or represer individual? You are not required to disclose any pending or contemplated co for which the law allows you to remain anonymous (e.g., whistleblower); responsible for not accepting assignments that would violate conflict of interes provisions of the Rules of Professional Conduct or other laws with regard to su	at a state agency or implaint or dispute however, you are tor confidentiality	
5.	5. If the answer to any of questions 2, 3, or 4 is yes, please identify all such mat state agency, official, or employee involved. If known to you, please also includivision of the attorney representing the state agency, employee, or officer was such matter.	lude the name and	
Candio	ndidate's Signature date		
To be completed by reviewer:			
Signatu	nature of Reviewer Date Review	ed	